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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NEW HAMPSHIRE HOSPITAL

Lori A. Weaver
Commissioner

Ellen M. Lapointe
Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

November 13, 2024

His Excellency, Governor Christopher T Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital, to make **Retroactive** payments to Holiday Inn Express, Rochester, NH, in a total amount of $10,522.59 for patient temporary housing, effective upon Governor and Executive Council approval for the period of September 24, 2024, through October 24, 2024. 100% Other Funds (Trust).

The payments were made from the following account:

05-95-94-940010-71180000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, GROUP A TRUST FUNDS

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2025	054-500526	Trust Fund Expenditures	94711815	$10,522.59

EXPLANATION

This request is **Retroactive** due to permanent housing not being available as originally expected. Two New Hampshire Hospital patients were set-up for discharge on the same day to the same apartment building. The building wasn't approved for occupancy at the last minute.. Both patients no longer required the acute care New Hampshire Hospital provides, and patients were awaiting admission. The Hospital decided it would be in the best interest of everyone to continue with discharge and put them up in a hotel within their catchment area for one week. The apartment inspection was delayed, and further renovations and a second inspection were necessary for the building to receive their final occupancy permit. Extending the total stay from one week to one month.

Based upon the NH Hospital's current per diem rate, if these patients were to remain at the Hospital, the State would have incurred $79,950 in operational costs and two beds would not have been available for two new high-risk patients waiting admission. This request is funded by a trust account used to support indigent patients discharge.

Respectfully Submitted,

Maureen Harn

for:

Lori A. Weaver
Commissioner

Holiday Inn Express

66 10-23-24

Name Redacted United States	Folio No. : 162556 A/R Number : Group Code : Company : Membership No. : Invoice No. :	Room No. : 309 Arrival : 09-25-24 Departure : 10-30-24 Conf. No. : 22221643 Rate Code : IMGOV Page No. : 1 of 3	

Date	Description	Charges	Credits
09-25-24	Deposit Transfer at Check-In (Receipt attached 10/15/24)		3,949.49
09-25-24	*Accommodation	123.00	
09-25-24	Room Tax	10.46	
09-26-24	*Accommodation	123.00	
09-26-24	Room Tax	10.46	
09-27-24	*Accommodation	262.00	
09-27-24	Room Tax	22.27	
09-28-24	*Accommodation	253.00	
09-28-24	Room Tax	21.51	
09-29-24	*Accommodation	123.00	
09-29-24	Room Tax	10.46	
09-30-24	*Accommodation	123.00	
09-30-24	Room Tax	10.46	
10-01-24	*Accommodation	125.00	
10-01-24	Room Tax	10.63	
10-02-24	*Accommodation	125.00	
10-02-24	Room Tax	10.63	
10-03-24	*Accommodation	125.00	
10-03-24	Room Tax	10.63	
10-04-24	*Accommodation	271.00	
10-04-24	Room Tax	23.04	
10-05-24	*Accommodation	320.00	
10-05-24	Room Tax	27.20	
10-06-24	*Accommodation	125.00	
10-06-24	Room Tax	10.63	

Holiday Inn Express Hotel & Suites
77 Farmington Road
Rochester, NH 03867
Telephone: (603) 994-1175 Fax: (603) 994-1176

Holiday Inn Express

66 10-23-24

Name Redacted
United States

Folio No.	: 162556	Room No.	: 309
A/R Number	:	Arrival	: 09-25-24
Group Code	:	Departure	: 10-30-24
Company	:	Conf. No.	: 22221643
Membership No.	:	Rate Code	: IMGOV
Invoice No.	:	Page No.	: 2 of 3

Date	Description	Charges	Credits
10-07-24	*Accommodation	125.00	
10-07-24	Room Tax	10.63	
10-08-24	*Accommodation	125.00	
10-08-24	Room Tax	10.63	
10-09-24	*Accommodation	125.00	
10-09-24	Room Tax	10.63	
10-10-24	*Accommodation	125.00	
10-10-24	Room Tax	10.63	
10-11-24	*Accommodation	338.00	
10-11-24	Room Tax	28.73	
10-12-24	*Accommodation	329.00	
10-12-24	Room Tax	27.97	
10-13-24	*Accommodation	125.00	
10-13-24	Room Tax	10.63	
10-14-24	*Accommodation	125.00	
10-14-24	Room Tax	10.63	
10-15-24	*Accommodation	125.00	
10-15-24	Room Tax	10.63	
10-16-24	*Accommodation	125.00	
10-16-24	Room Tax	10.63	
10-17-24	*Accommodation	125.00	
10-17-24	Room Tax	10.63	
10-18-24	*Accommodation	218.00	
10-18-24	Room Tax	18.53	
10-19-24	*Accommodation	244.00	

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68 10-23-24

Name Redacted
United States

Folio No.	: 162556	Room No.	: 309
A/R Number	:	Arrival	: 09-25-24
Group Code	:	Departure	: 10-30-24
Company	:	Conf. No.	: 22221643
Membership No.	:	Rate Code	: IMGOV
Invoice No.	:	Page No.	: 3 of 3

Date	Description	Charges	Credits
10-19-24	Room Tax	20.74	
10-20-24	*Accommodation	125.00	
10-20-24	Room Tax	10.63	
10-21-24	*Accommodation	125.00	
10-21-24	Room Tax	10.63	
10-22-24	*Accommodation	125.00	
10-22-24	Room Tax	10.63	
10-23-24	*Accommodation	125.00	
10-23-24	Room Tax	10.63	
10-23-24	Visa XXXXXXXXXXXXX6578		5,264.54
	Total	5,264.54	5,264.54
	Balance	0.00	

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TXN00415745
71180000-500526
94711815
MSO-10/25/24

TOTAL 2 CHARGES

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Hotel & Suites
77 Farmington Road
Rochester, NH 03867
Telephone: (603) 994-1175 Fax: (603) 994-1176

Name Redacted
United States

Date : 10-15-24
Time : 12:19
Recpt. No. : 25348
Conf. # : 1197355

ADVANCE DEPOSIT

Date	Description	Exp Date	Amount
09-24-24	Visa XXXXXXXXXXXX6578	XX/XX	3,949.49USD

Arrival	Departure	Group ID / Room Type
09-25-24	10-16-24	TQNN

Guest Signature

Cashier No. 71

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TXN0041 0364
71180000-500526
94711815
MD - 10/16/24

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Holiday Inn Express

66 10-23-24

Name Redacted
United States

Folio No.	: 162557	Room No.	: 230
A/R Number	:	Arrival	: 09-24-24
Group Code	:	Departure	: 10-24-24
Company	:	Conf. No.	: 43843589
Membership No.	:	Rate Code	: IMGOV
Invoice No.	:	Page No.	: 1 of 3

Date	Description	Charges	Credits
09-24-24	Deposit Transfer at Check-In (RECEIPT ATTACHED 10/15/24)		3,739.00
09-24-24	*Accommodation	123.00	
09-24-24	Room Tax	10.46	
09-25-24	*Accommodation	123.00	
09-25-24	Room Tax	10.46	
09-26-24	*Accommodation	123.00	
09-26-24	Room Tax	10.46	
09-27-24	*Accommodation	253.00	
09-27-24	Room Tax	21.51	
09-28-24	*Accommodation	231.00	
09-28-24	Room Tax	19.64	
09-29-24	*Accommodation	123.00	
09-29-24	Room Tax	10.46	
09-30-24	*Accommodation	123.00	
09-30-24	Room Tax	10.46	
10-01-24	*Accommodation	125.00	
10-01-24	Room Tax	10.63	
10-02-24	*Accommodation	125.00	
10-02-24	Room Tax	10.63	
10-03-24	*Accommodation	125.00	
10-03-24	Room Tax	10.63	
10-04-24	*Accommodation	262.00	
10-04-24	Room Tax	22.27	
10-05-24	*Accommodation	311.00	
10-05-24	Room Tax	26.44	

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Holiday Inn Express

66 10-23-24

Name Redacted
United States

Folio No.	: 162557	Room No.	: 230
A/R Number	:	Arrival	: 09-24-24
Group Code	:	Departure	: 10-24-24
Company	:	Conf. No.	: 43843589
Membership No.	:	Rate Code	: IMGOV
Invoice No.	:	Page No.	: 2 of 3

Date	Description	Charges	Credits
10-06-24	*Accommodation	125.00	
10-06-24	Room Tax	10.63	
10-07-24	*Accommodation	125.00	
10-07-24	Room Tax	10.63	
10-08-24	*Accommodation	125.00	
10-08-24	Room Tax	10.63	
10-09-24	*Accommodation	125.00	
10-09-24	Room Tax	10.63	
10-10-24	*Accommodation	125.00	
10-10-24	Room Tax	10.63	
10-11-24	*Accommodation	329.00	
10-11-24	Room Tax	27.97	
10-12-24	*Accommodation	320.00	
10-12-24	Room Tax	27.20	
10-13-24	*Accommodation	125.00	
10-13-24	Room Tax	10.63	
10-14-24	*Accommodation	125.00	
10-14-24	Room Tax	10.63	
10-15-24	*Accommodation	125.00	
10-15-24	Room Tax	10.63	
10-16-24	*Accommodation	125.00	
10-16-24	Room Tax	10.63	
10-17-24	*Accommodation	125.00	
10-17-24	Room Tax	10.63	
10-18-24	*Accommodation	169.00	

66 10-23-24

Name Redacted
United States

Folio No.	: 162557	Room No.	: 230
A/R Number	:	Arrival	: 09-24-24
Group Code	:	Departure	: 10-24-24
Company	:	Conf. No.	: 43843589
Membership No.	:	Rate Code	: IMGOV
Invoice No.	:	Page No.	: 3 of 3

Date	Description	Charges	Credits
10-18-24	Room Tax	14.37	
10-19-24	*Accommodation	231.00	
10-19-24	Room Tax	19.64	
10-20-24	*Accommodation	125.00	
10-20-24	Room Tax	10.63	
10-21-24	*Accommodation	125.00	
10-21-24	Room Tax	10.63	
10-22-24	*Accommodation	125.00	
10-22-24	Room Tax	10.63	
10-23-24	*Accommodation	125.00	
10-23-24	Room Tax	10.63	
10-23-24	Visa XXXXXXXXXXXX6578		1,516.05
	Total	5,258.05	5,258.05
	Balance	0.00	

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TXN00415673
71180000-500526
94711815
MD -10/25/24

TOTAL 2 CHARGES

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

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Rochester, NH 03867
Telephone: (603) 994-1175 Fax: (603) 994-1176

name Redacted
United States

Date : 10-15-24
Time : 12:19
Recpt. No. : 25347
Conf. # : 1197356

ADVANCE DEPOSIT

Date	Description	Exp Date	Amount
09-24-24	Visa XXXXXXXXXXXX6578	XX/XX	3,739.00USD

Arrival	Departure	Group ID / Room Type
09-24-24	10-18-24	KNGN

Guest Signature

Cashier No. 71

000
TN00410351
71180000-500526
94711815
MD-10/16/24

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